

## SUPERVISORY - EMPLOYEE CHECKOUT LIST

The following checklist is designed to ensure that your telecommuting employee is properly oriented to the policies and procedures of the program. As appropriate, simply state yes, no, or non-applicable (n/a) in response to each statement.

**NAME OF EMPLOYEE:** \_\_\_\_\_

**NAME OF IMMEDIATE SUPERVISOR:** \_\_\_\_\_

**DATE COMPLETED:** \_\_\_\_\_

1. Employee has read guidelines outlining policies and procedures of the pilot program. \_\_\_\_\_

2. Employee has been provided with an approved work schedule. \_\_\_\_\_

3. Employee has been issued/has not been issued equipment. \_\_\_\_\_

4. Equipment issued by the agency is documented. \_\_\_\_\_

Check as applicable:	yes	no
- computer	_____	_____
- modem	_____	_____
- fax machine	_____	_____
- telephone	_____	_____
- desk	_____	_____
- chair	_____	_____
- other _____	_____	_____

5. Policies and procedures for care of equipment issued by the agency have been explained and are clearly understood. \_\_\_\_\_

6. Policies and procedures covering classified, secure, or privacy act data have been discussed, and are clearly understood. \_\_\_\_\_

7. Requirements for an adequate and safe office space and/or area have been discussed, and the employee certifies those requirements are met. \_\_\_\_\_

8. Performance expectations have been discussed and are clearly understood. \_\_\_\_\_

9. Employee understands that the supervisor may terminate employee participation at any time, in accordance with established administrative procedures and union negotiated agreements. \_\_\_\_\_

10. Employee has participated in training for HUD telecommuters. \_\_\_\_\_

**Supervisor's signature/date** \_\_\_\_\_

**Employee's signature/date** \_\_\_\_\_